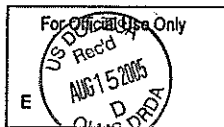


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8163	2. Fiscal Year Covered From: 01/01/04 Through: 12/31/04
3. Name and address of person filing. Name PAUL TAORMINA P.O. Box, Bldg., Room No., if any Street 625 STANWIX STREET, SUITE 1804 City PITTSBURGH State PA ZIP Code + 4 15222	4. Name, file number, and address of labor organization. Name TEAMSTERS LOCAL 926 Labor Organization File Number 019-807 P.O. Box, Building and Room Number, if any Street 625 STANWIX STREET, SUITE 1804 City PITTSBURGH State PA ZIP Code + 4 15222
5. Position in labor organization. BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-11-05

Date

412-281-4633

Telephone Number

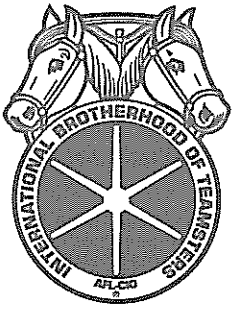
Name of Person Filing <u>PAUL M. TACOMNA</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Highmark Bluecross Blueshield</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>120 Fifth Avenue Place</u></p> <p>City <u>Pittsburgh</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>"Trust Fund Challenge" Golf outing</u> <u>At Fox Chapel Field Club</u> <u>held for the Health & welfare funds</u> <u>in the Area.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$220⁰⁰</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



Automotive Chauffeurs, Parts, Garage and Airline Employees LOCAL UNION NO. 926

Affiliated with the International Brotherhood of Teamsters and the Joint Council of Teamsters No. 40

625 STANWIX STREET • SUITE 1804 STANWIX TOWERS • PITTSBURGH, PENNSYLVANIA 15222
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SCOTT STANLEY
President

ROBERT SHOUP
Vice President

MARC R. DREVES
Recording Secretary
Business Representative



CHARLES M. BYRNES
Secretary Treasurer
Principal Officer

Trustees
LEONARD KULWICKI
ROBERT FRANK
GWEN HELMS

FRANK M. FINK
PAUL "DINO" TAORMINA
Business Representative

August 15, 2005

US Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue N.W.
Washington, D.C. 20210

Dear Sirs:

Enclosed please find the LM-30 filing for Paul "Dino" Taormina containing three (3) schedules
1) Highmark Blue Cross Blueshield, 2) Bakery Drivers Welfare Fund and 3) Jubelirer Pass &
Intrieri.

Please feel free to contact this office if there are any questions.

Sincerely,

Gayle McKernan
Office Manager

OVERNIGHT MAIL
EV619441845US